

**CASE 1:
TYPE-II DIABETIC FOOT ULCER**

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TYPE OF WOUND:
DIABETIC FOOT ULCER

PATIENT:
48 YEAR-OLD MALE

BACKGROUND:

Mr. C., was a 48-year old man with a history of Type-II diabetes over the past 6 years. The current foot ulcer with corresponding swelling had been present for the past twelve (12) months. He had three (3) surgeries performed on his foot but the ulcer failed to heal and he was recommended, by his surgeon, for below-the-knee amputation.

WEEK 1:

The wound was first identified as infected, exuding and deep (Image #1). Sharp debridement was performed in one occasion to clean and clear the wound bed (Image #2). The wound was washed with normal saline and dried with regular gauze. Barrier

cream was applied to the periphery of the wound and a Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* was packed into the cavity of the wound and secured in place with gauze. The dressing was changed once every three (3) days for four weeks by removing the previous dressing, cleansing the wound bed with saline, and applying a new dressing, using gauze to secure.

WEEK 5:

After four (4) weeks of treatment the wound was reduced in size by more than 50% (Image#3). The dressing change interval was reduced to once every seven (7) days for the next two weeks, after which time the wound was fully healed (Images #4 and #5).



Baseline (Image 1)



Image 2



Image 3



Image 4



Image 5

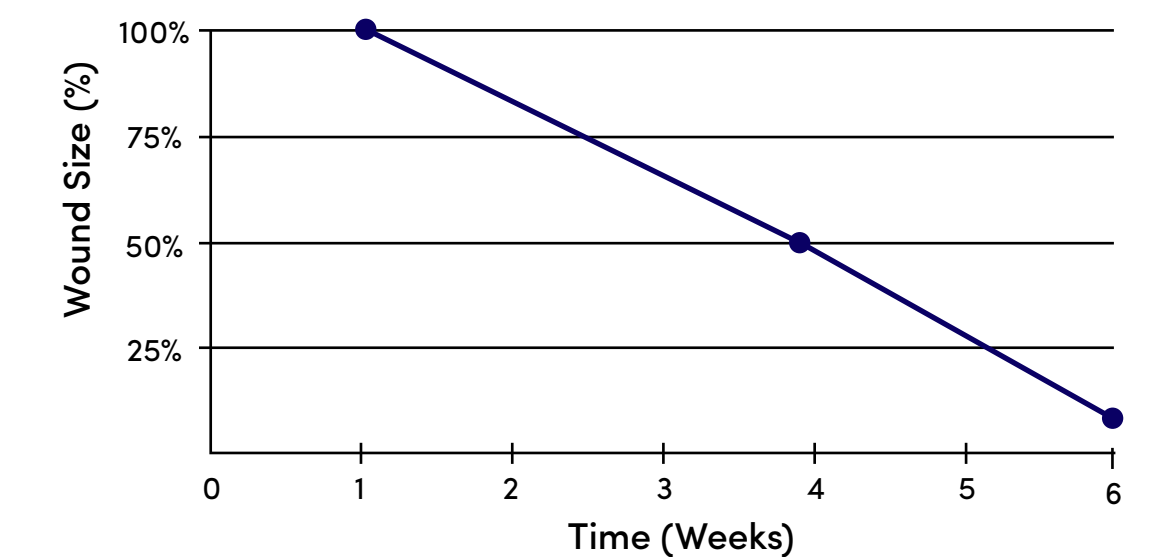


Figure 1. Graph showing changes in wound size over the evaluation period.

*ColActive® Plus Ag from Covalon Technologies Ltd.

CASE 2: TYPE-II DIABETIC FOOT ULCER WITH INFECTION

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TYPE OF WOUND:
DIABETIC FOOT ULCER WITH INFECTION OF FIRST 3 TOES

PATIENT:
76 YEAR-OLD MALE

BACKGROUND:

Mr. O., was a 76-year old man with an 18-year history of Type-II diabetes. The wound was infected across three toes on the right foot for over twelve (12) months. Mr. O., had been recommended for a below-the-knee amputation (Image #1) by his doctor.

WEEK 1:

Sharp debridement was done followed by debridement with a hydrogel and a silver solution wash everyday for one (1) week (Image #2).

WEEK 2:

An antimicrobial silver foam dressing was applied to the wound for two (2) weeks and the dressing was changed two times a week (Image #3). Although the infection level reduced significantly, the toes were still infected and the size of the wound remained the same (Image #3).

WEEK 4:

The course of care was then changed for the patient in order to try to achieve wound closure and healing. Following two debridement sessions by repeating

treatment with a hydrogel, saline wash, and wound drying, the patient was placed on a treatment with a Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* as the primary wound contact layer. A secondary dressing (a silver foam dressing) was applied, followed by securement with gauze. This treatment continued for three (3) weeks with the dressing changes occurring every three days. After three weeks of treatment, significant improvement was observed and the infection level was dramatically reduced (Image #4).

WEEK 7:

Over the next two weeks, the wound continued to be treated weekly with a Collagen Matrix Dressing containing EDTA, CMC, Alginate and Silver*, using gauze to secure the dressing in place (Image #5).

WEEK 9:

Treatment was continued with the Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* for another three weeks until the wound was healed (Image #6).



Baseline (Image 1)



Image 2



Image 3



Image 4



Image 5



Image 6

*ColActive® Plus Ag from Covalon Technologies Ltd.

CASE 3: TYPE II DIABETIC FOOT WITH INFECTION AND OSTEOMYELITIS

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TYPE OF WOUND:
**DIABETIC FOOT WITH 2ND DEGREE BURN AND
OSTEOMYELITIS OF THE 5TH METATARSAL BASE**

PATIENT:
63 YEAR-OLD MALE

BACKGROUND:

Mr. A is a 63-year old man with an 11-year history of Type-II diabetes. He has a 2nd degree burn and neuropathy on both feet. The left foot had a history of diabetic ulcers and was burned in an accident due to direct contact with an electrical mattress. The wound was highly infected and the base of the 5th metatarsal was exposed (Image #1) with clear signs of osteomyelitis. The patient was recommended by his vascular surgeon for below-the-knee amputation. Initial attempts to heal the wound included 20-minute ozone therapy sessions three times a week, for one month (Image #2).

WEEK 1:

The wound was debrided with a hydrogel and dried. A Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* was applied, followed

by a silver-containing secondary dressing, and secured with gauze. This treatment continued, with dressing changed every three days for four weeks. A significant reduction of both the wound size and osteomyelitis was observed (Image #3).

WEEK 5:

For the next four weeks the Mr. A's wound was treated once a week with a Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* with gauze as the secondary dressing. Significant improvement was observed after one month of treatment (Image #4).

WEEK 9:

This weekly treatment with the Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* continued for another four weeks, after which time the wound was reported as fully healed with no signs of osteomyelitis (Image #5).

*ColActive® Plus Ag from Covalon Technologies Ltd.



Baseline (Image 1)



Image 2



Image 3



Image 4



Image 5

CASE 4: TREATMENT OF DEHISCED WOUND FOLLOWING TOTAL HYSTERECTOMY WHILE UNDERGOING CHEMOTHERAPY

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TYPE OF WOUND:
DEHISCED WOUND POST TOTAL HYSTERECTOMY

PATIENT:
72 YEAR-OLD FEMALE

BACKGROUND:

Mrs. N, a 72-year old woman with a 5-year history of Type-II diabetes presented with a large dehisced wound, following a total hysterectomy (Image #1). The wound has been characterized as non-healing for more than a year. The wound was measured as 90 cm² (10cm x 9cm). At the time, Mrs. N was also suffering from ovarian cancer and due to her obesity she was receiving higher than normal doses of chemotherapy (exact levels not known).

WEEK 1:

The wound cavity was filled with a powdered version of a Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* followed by securement with gauze. The wound was thoroughly cleansed with distilled water every three days to remove the dressing powder, followed by reapplication. A 5% reduction of the incision site was observed after 1 week of treatment (Image #2)

WEEK 4:

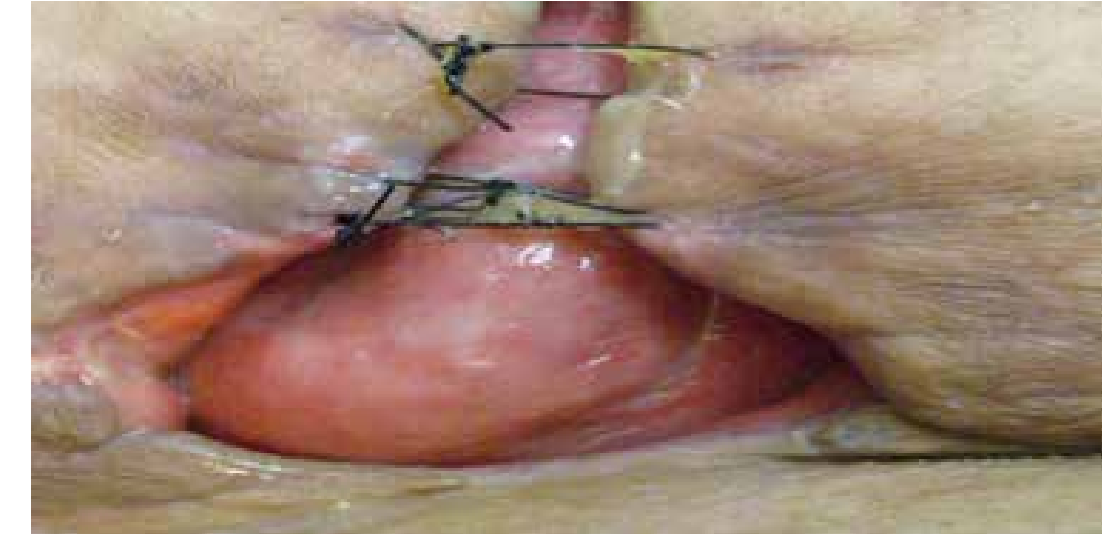
After one month of continuous treatment with a powdered Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* the incision site was nearly closed (Image #3).

WEEK 8:

After one month of treatment a regular (non-powdered) Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* was applied and the frequency of changing the dressing was reduced to once a week. After four more weeks the incision was fully closed (Image #4).

WEEK 12:

A Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* was continuously applied weekly for another four weeks (using gauze for securement) and the wound was observed to be almost completely healed after three (3) months of treatment (Image #5).



Baseline (Image 1)



Image 2



Image 3



Image 4



Image 5

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**CASE 5:
TREATMENT OF PILONIDAL SINUS**

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TYPE OF WOUND:
INFECTED ACUTE WOUND

PATIENT:
22 YEAR-OLD FEMALE

BACKGROUND:

Miss L., a 22-year old woman presented with an acute infected pilonidal sinus (Image #1). She had no history of other medical complications and was suffering from severe pain due to infection. She had not received any other treatment prior to entering the clinic. The wound was measured to be 10.4 cm² (4cm x 2.6cm).

WEEK 1:

Miss L., was placed on a treatment regimen using a Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver*. The wound site was cleansed with saline and dried with gauze. The Collagen Matrix Dressing with EDTA, CMC,

Alginate and Silver* was cut to size and secured in place with gauze. The dressing was changed every three days (Image #2). At the end of the first week the wound had reduced to 5.2 cm² (50% of the original size) (Image #3).

WEEK 2:

Treatment continued with the Collagen Matrix Dressing with EDTA, CMC, Alginate and Silver* for a second week and after this time the wound was reduced to 3.6 cm² (35%) (Image #4).

WEEK 3:

After 3 weeks of treatment the wound was completely healed (Image #5).



Baseline (Image 1)



Image 2



Image 3



Image 4



Image 5

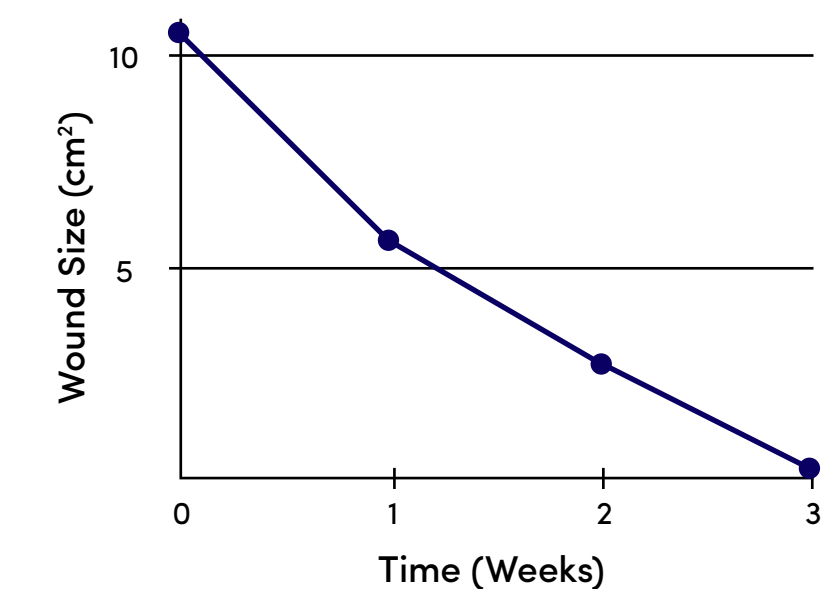


Figure 1. Graph showing changes in wound size over the evaluation period.

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